



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Official Use Only-Application Received:

DAYCARE LICENSE APPLICATION

☐ **"NEW" Application** ☐ **RENEWAL:** Effective date of current license ____/____/____

Facility Type

Maximum number of children age 12 years and younger (including your own) that will be at your facility at any one time

<input type="checkbox"/> Small Center up to 25 children non-refundable license application fee \$250	<input type="checkbox"/> Large Center 26 or more children non-refundable license application fee \$325
<input type="checkbox"/> FAMILY up to 6 children non-refundable license application fee \$100	<input type="checkbox"/> GROUP up to 12 children non-refundable license application fee \$100

Facility Information

Business Name	<input type="text"/>		
Owner Name	<input type="text"/>		
Director/Operator Name & Title	<input type="text"/>		
Facility Street Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

Facility Mailing Address-If different from above

Address	<input type="text"/>		
City	<input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

Contact Information

Primary Phone	<input type="text"/>	Secondary Phone	<input type="text"/>
Email Address-Important!	<input type="text"/>		

Hours of Operation

Days of Operation	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Thu	<input type="checkbox"/> F	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun	Hours of Operation	<input type="text"/>
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List all Owners, Operators, Employees ,and All other Individuals age 13 years and older who have direct contact with children **or that are regularly on the facility premises more than 12 hours per month**

Name	Date of hire	Date of Birth	Last 4 digits of Social Security #	Relationship or position at facility
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Certification of Understanding

I hereby apply for a daycare license as indicated above in accordance with Idaho Code Title 39, Chapter 11.

I do hereby state that I have thoroughly read and reviewed the IDAPA 16.06.02 RULES GOVERNING STANDARDS FOR CHILD CARE LICENSING and I am prepared to comply with all of its provisions.

I understand that my facility must remain in compliance at all times with fire, safety and health requirements, and all owners, operators, and staff; and all other individuals thirteen (13) years of age or older who have unsupervised direct contact with children **OR** all other individuals thirteen (13) years of age or older who are regularly (12 OR MORE HOURS PER MONTH) on the premises, must have successfully completed and received a clearance for a Department criminal history and background check.

I understand that I am to disclose by written statement, any revocation or other disciplinary action taken or in the process of being taken against myself as a daycare provider in Idaho or any other jurisdiction.

I understand that this document serves as the formal request upon which a decision to issue me a daycare license will be based. I agree, for the purpose of determining compliance with daycare licensing rules established by the Department of Health and Welfare and Idaho State licensing laws, to allow the Department access to the premises for re-inspection at any time during the licensing period.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____

Please submit to:

**IDAHOSTARS
VENDOR SPECIALISTS
1471 SHORELINE DR, SUITE 202
BOISE, ID 83702**

OR

FAX: 208-345-6569

OR

EMAIL: VS@IDAHOAEYC.ORG